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			Attorney Docket N	Number	SHChang-001							
D		FOR UTILITY OF SIGN	First Named Inver	ntor	Shun-Hwa Chang							
		PLICATION	COMPLETE IF KNOWN									
		R 1.63)	Application Number	er								
X		-	Filing Date	Here	Herewith							
	Declaration [Submitted OR	☐ Declaration Submitted after Initia	Group Art Unit									
	with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			/						
ſ	As a below named inven	tor, I hereby declare that:				7						
	My residence, post office address, and citizenship are as stated below next to my name.											
ı	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plura names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
	Device for Removing and Separating Moisture from Woodwind Musical Instruments											
ļ	the specification of which (Title of the Invention) is attached hereto											
١	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
ı	Application Number and was amended on (MM/DD/YYYY) (if application Number and was amended on (MM/DD/YYYY)											
١	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
- 14	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Ī	Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							

Country (MM/DD/YYYY) YES NO Number(s) Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTC/SB/01 (12-97)
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DECLARATION --- Utility or Design Patent Application

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	United States	or PCT I	efit under 35 U.: ica, listed below nternational app aterial to patern I international fi	dication in	the m	anner pr	ovided by ti	etion(s), or in the first parage which became	365(c) of any F the claims of graph of 35 U.S e available bet	CT inter this appl i.C. 112, ween the	national loation is lacknot filing d	application de s not disclose wedge the du late of the prid	signating the d in the prior ty to disclose or application	
	U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number					
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Section 11 to 11 to 12 t													w/	
	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to tand Trademark Office connected therewith:								o transa	id all business Place Cust				
					OR Regist	tered ora	ctitioner(s)		ration number I	ictual bol		Number Ba Lahel hi		
	Name			Registration		Name			Regist		stration			
	Roger Chu			Number 52745		***************************************					Number			
					02.40		1							
	Lancitibbe L	registere	d practitioner(s)	named o	n supp	lementa	Registered	l Practitioner	Information st	eet PTC	/SB/020	attached her	oto.	
	Direct all correspondence to: Customer Number or Bar Code Label Additional registered practitioner (nformation sheet PTO/SB/02C at Customer Number or Bar Code Label										ondence add	iress below		
	Name	Rog	jer Chu											
	Address 19499 Eric Drive													
	Address													
	City	San	atoga			State	ate CA ZIP 9		9507	5070				
	Country	USA	1	Telephone (408)2					ax (270) 812-6235					
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may joopardize the validity of the application or any patient issued thereon.													
	Name of Sole or First Inventor:					A petition has been filed for this unsigned inventor								
	G	Given Name (first and middle (if any))					Family Name or Surname							
	Shun-Hwa					Chang								
	inventor's Signature	Inventor's Signature			Ava Cha			~~		Dat		11/20/63		
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	Additional	invento	rs are being n	amed or	ı the	ėl X	nlementa	t Additiona	inventorie)	hpat/s	DTO/S	CD/COA ottoo	had barata	